



Employee Name: _____ Work #: _____

Health Care Provider – Please check the “UNABLE to perform” column if the employee is not able to meet the functional demands required below. Pictures on the following page offer additional information on typical postures. Please use the comments section on the next page to indicate what the current maximum abilities are for the behaviours the employee is “UNABLE” to perform at present.

Job Title: Pusher Operator**Task Organization:****Job Physical Demands:** Operating the Pusher moving rail cars on tracks and through rail car dumping station.**Schedule:** Works 7.5 hrs out of an 8hr shift depending on scheduling, max duration in Pusher at one time is 2 hrs**Equipment:** TEREX or CAT Front End Loader with Rail Car Attachment

Job Demands		Max. Weight / Avg. Weight (Kg)	Duration per exposure h = hrs s = secs, m = mins	Frequency	UNABLE to perform	Comments
STRENGTH	Lifting/Carry	5		R		Fire extinguisher if needed.
	Push/Pull	5/3	<10s	F/C		Complex small movements of steering wheel or controls and gross movement to open/close cab door
	Supporting Body Weight		3	O		Getting on/off Pusher via ladders 8 or more times/shift.
	Gripping / Handling		<1m	F		Steering wheel & other controls: repetitive small movements
	Fine Motor Skills		<1m	F		Complex small movements of steering wheel
POSTURE & MOBILITY	Sitting		7.5h	C		Constant sitting for duration of work
	Driving		2.5h	F		Travelling fwd/backward to process rail cars
	Standing		<5m	O		During visual inspection.
	Walking		20m	O		Walk from machine to lunchroom. May be repeated 2-8X per shift.
	Bending/ Stooping		<30s	R		During visual inspection.
	Sustained Crouching/ Kneeling			N		
	Climbing Stairs		5m	R		Go up/down stairs to lunchroom.
	Climbing Ladders		2m	O		Go up/down ladders to enter/exit Pusher.
	Crawling			N		
	Balancing			N		
	Throwing			N		
	Overhead Reach		<5s	R		Climbing ladders when ascending/descending
ENVIRONMENT	Exposure to Elements		<5m	O		Getting on/off Pusher or during visual inspection
	Uneven Surfaces			O		When walking around site.
	Proximity to moving objects			O		When outside of cab, there are other heavy equipment and vehicles operating in area.
	Vibration (upper extremity)			N		
	Vibration (whole body)		7.5h	C		Constant low level vibration when operating Pusher High amplitude impacts when connecting to railcars (frequently when looking to side in rear view mirror).

Frequency Ratings:**R:** Rare Not daily or up to 1% of shift (<5mins/day)**F:** Frequent 34%-67% of shift (2.5-5hrs)**N:** Never**O:** Occasional 1%-33% of shift (up to 2.5hrs)**C:** Constant >67% of shift (>5hrs)



Health Care Provider Comments:

Stamp:

Date: _____ Signature: _____

Please use the box above to include guidelines or limitations on the functional abilities that the employee is UNABLE to perform in their entirety at present.

Sample pictures of tasks and postures:

